

JOINT MEETING
LINCOLN BOARD OF EDUCATION/LANCASTER COUNTY BOARD
LINCOLN CITY COUNCIL/MAYOR DON WESELY

FRIDAY, JANUARY 25, 2002
7:30 - 9:30 a.m.

Lancaster County Youth Services Center
1200 Radcliff
(located off So. 14th Street, behind Lincoln Mattress)

AGENDA

1. **Tour of Youth Services Center** - Dennis Banks, YSC Director (30 minutes)
2. **Approval of minutes from July 18, 2001 meeting** (attached)
3. **Methamphetamine Drug Use in Lincoln and Lancaster County** - Chief Tom Casady and Sheriff Terry Wagner (30 minutes)
4. **Community Learning Centers** - Bonnie Coffey, Lincoln-Lancaster Women's Commission Executive Director (15 minutes)
5. **Road Progress and Traffic Signals Near new High Schools** - Scott Opfer, Public Works traffic Manager (10 minutes)
6. **Low Income Schools** - LPS (10 minutes)
7. **Physical Education Programs Targeting Obesity** - LPS (10 minutes)
8. **Continuing Business**
9. **New Business**
10. **Future Meeting Date**
11. **Adjournment**

FILED

JAN 30 2002

LANCASTER COUNTY CLERK

**MINUTES
JOINT MEETING
LANCASTER COUNTY BOARD/CITY COUNCIL
LINCOLN BOARD OF EDUCATION
LANCASTER COUNTY YOUTH SERVICES CENTER
1200 RADCLIFF STREET, LINCOLN, NEBRASKA
FRIDAY, JANUARY 25, 2002
7:30 A.M.**

PRESENT: **Lincoln Board of Education** - Doug Evans, President; Kathy Danek; James Garver; Lillie Larsen; Don Mayhew; Keith Prettyman; Ed Zimmer
Lancaster County Board of Commissioners - Bob Workman, Chair; Kathy Campbell; Bernie Heier; Ray Stevens
City Council - Annette McRoy, Chair; Jon Camp; Coleen Seng; Ken Svoboda

ALSO PRESENT: Kerry Eagan, Lancaster County Chief Administrative Officer; Gwen Thorpe, Lancaster County Deputy Chief Administrative Officer; Dennis Banks, Lancaster County Juvenile Detention Center Director; Michelle Schindler, Lancaster County Juvenile Detention Center Deputy Director; Gus Hitz, Youth Assessment Center Director; Jim Jones, OASIS, Inc.; Amy Tejral, Mayor Wesely's Office; Darrell Podany, City Council Staff; Carol Connor, Lincoln City Libraries Director; Bonnie Coffey, Lincoln-Lancaster Women's Commission Executive Director; Sandy Myers, Lincoln Parks and Recreation Department; Philip Schoo, Superintendent of Schools; Lea Ann Johnson and Cathie Petsch, 21st Century Community Learning Centers; Dennis Van Horn, Marilyn Moore and Dave Myers, Lincoln Public Schools; JoAnne Young, Lincoln Journal Star Newspaper

AGENDA ITEM

- 1 TOUR OF YOUTH SERVICES CENTER** - Dennis Banks, Lancaster County Juvenile Detention Center Director

Dennis Banks, Lancaster County Juvenile Detention Center Director, conducted a tour of the Youth Services Center.

Bob Workman, County Board Chair, called the meeting to order at 8:02 a.m.

2 APPROVAL OF MINUTES OF JULY 18, 2001 MEETING

The minutes of the July 18, 2001 Joint Meeting of the Lincoln Board of Education, City Council, Mayor Wesely and Lancaster County Board of Commissioners were approved as distributed.

3 METHAMPHETAMINE DRUG USE IN LINCOLN AND LANCASTER COUNTY - Tom Casady, Chief of Police; Terry Wagner, Lancaster County Sheriff

Tom Casady, Chief of Police, and Terry Wagner, Lancaster County Sheriff, gave an overview of methamphetamine related problems for law enforcement (Exhibit A):

Violent Crime

- Several recent homicides have been intertwined with methamphetamine. Armed robberies are increasingly linked with homicides.

Property Crime

- The rapid increase in thefts from automobiles is linked with methamphetamine.
- There were 4545 auto break-ins in 2001 in Lincoln, with a dollar loss over \$2 million. This was a 10% increase over 2000.
- Forgeries and frauds are strongly linked with methamphetamine. Forgeries were up 33% last year, fraud up 21%.

Methamphetamine Labs

- During 2001, 43 methamphetamine labs were located in Lancaster County, 22 of these within the city limits of Lincoln. This compares with 31 labs in the entire state during 2000.
- One man died in a methamphetamine lab explosion and several fires caused serious property damage. Meth labs are very expensive to take down.
- Overtime, equipment and training costs have skyrocketed. Meth labs pose serious environmental hazards and health risks.

NOTE: A map pinpointing methamphetamine cases in Lincoln for the period of January 1, 2001 to January 24, 2002 and a document from the Koch Crime Institute containing responses to frequently asked questions about methamphetamine were also included in Exhibit A. Before and after photographs of a methamphetamine user and the August, 2000 issue of Nebraska Farmer magazine which contained an article alerting farmers to theft of anhydrous ammonia, used in the manufacture of methamphetamine, were also circulated.

Casady said methamphetamine is a critical issue for the community, noting environmental and health impacts. He said all available resources are being devoted to drug investigations.

Wagner said there has been good citizen cooperation in terms of reporting cases.

Casady said he believes the Adult and Juvenile Drug Courts offer one of the most promising approaches to behavioral modification of drug addicts.

Kathy Campbell, County Board, offered to forward information about the Drug Court program to members of the City Council and Board of Education.

4 COMMUNITY LEARNING CENTERS - Bonnie Coffey, Executive Director of the Lincoln-Lancaster Women's Commission

Bonnie Coffey, Executive Director of the Lincoln-Lancaster Women's Commission, explained that Community Learning Centers (CLC's) are not places, rather partnerships that provide support services and opportunities for students to learn better and opportunities to strengthen families and neighborhoods. She said the Lincoln Public Schools developed a pilot project for four sites and expanded the project to thirteen schools after receiving a 21st Century Grant. Consultants and cross-site visits are provided through a Technical Assistance Grant the City received from the National League of Cities. Coffey said a City team (includes representatives of the Lincoln City Libraries, Lincoln Police Department, Urban Development, Lincoln Parks and Recreation, and Lincoln/Lancaster County Health Department) has been established to look at what services could be provided through the CLC's.

The following materials were distributed (Exhibits B & C):

- *Expanding Afterschool Opportunities*
- *21st Century Community Learning Centers Program*

5 ROAD PROGRESS AND TRAFFIC SIGNALS NEAR NEW HIGH SCHOOLS - Scott Opfer, City Public Works/Utilities Traffic Manager

Scott Opfer, City Public Works/Utilities Traffic Manager, distributed maps of the Lincoln Southwest High School and North Star High School areas (Exhibits D & E).

Lincoln Southwest High School

Opfer said a traffic signal is located at 14th & Pine Lake Road, the main entrance into Lincoln Southwest High School, but said a signal will not be installed at 14th Street and Garret Lane until warranted by traffic. He said a major area of concern is the lack of sidewalks along 14th Street.

In response to a question, Opfer said flashing lights, timed with the traffic signal, are being placed north and south of the Warlick Boulevard and Old Cheney Road intersection to warn motorists that they need to prepare to stop. In addition, speed display readout units will be installed south of the intersection on Warlick Boulevard.

North Star High School

Opfer said every effort will be made to have a traffic signal installed at the intersection of 27th Street and Folkways Boulevard prior to the school opening. He said traffic signals will be installed on 33rd Street when warranted.

6 LOW INCOME SCHOOLS - Philip Schoo, Superintendent of Schools; Marilyn Moore, Lincoln Public Schools

Marilyn Moore, Lincoln Public Schools, said the district wide low income average is 26% and the elementary schools average is over 30%. Twelve elementary schools have a low income rate of more than 50%. She said applications for free or reduced lunches are the only indicator of income and said lower averages in secondary schools may be more attributable to those students' reluctance to complete the applications than a change in income status.

Philip Schoo, Superintendent of Schools, said test scores in the low income schools have been lower than other schools in the city. He said additional resources have been located in the schools with large concentrations of special needs children, including low income, and said there has been significant progress in closing the achievement gap. Schoo noted that other factors such as adequate housing and nutrition also make a significant difference in how children learn. He said "it's not simply a school problem, it's a community problem."

7 PHYSICAL EDUCATION PROGRAMS TARGETING OBESITY -

Marilyn Moore, Lincoln Public Schools

Marilyn Moore, Lincoln Public Schools, said Physical Education and Health Education are part of the Lincoln Public Schools curriculum for all students in Kindergarten through Eighth Grade. She said Health Education includes a strong emphasis on nutrition and Physical Education emphasizes physical activity for wellness. Health Education, with a nutritional component, is a required class in high school. Two quarters of Physical Education, in two different years, is also a high school requirement. Moore said a fitness assessment covering five different areas is given to students each year, beginning in the Fourth Grade.

In response to a question, Moore said the middle schools and high schools have intermural programs that extend to the weekends. She said school playgrounds are always open but said open use of the gymnasiums is limited, as there are organized programs using the space (City Parks and Recreation programs are an example).

8 CONTINUING BUSINESS

9 NEW BUSINESS

10 OTHER BUSINESS

Kathy Campbell, County Commissioner, distributed information regarding Charting Our Future II, Community Services Implementation Project (C-SIP), a conference that will be held Friday, February 22, 2002, from 8 a.m. - 12 p.m. at the County Extension Office, 444 Cherrycreek Road, Lincoln, Nebraska (Exhibit F).

11 FUTURE MEETING DATE

The next meeting will be held at the "F" Street Community Center in mid May, 2002.

12 ADJOURNMENT

There being no further business, the meeting was adjourned at 9:25 a.m.

Methamphetamine-Related Problems for Law Enforcement

Violent Crime

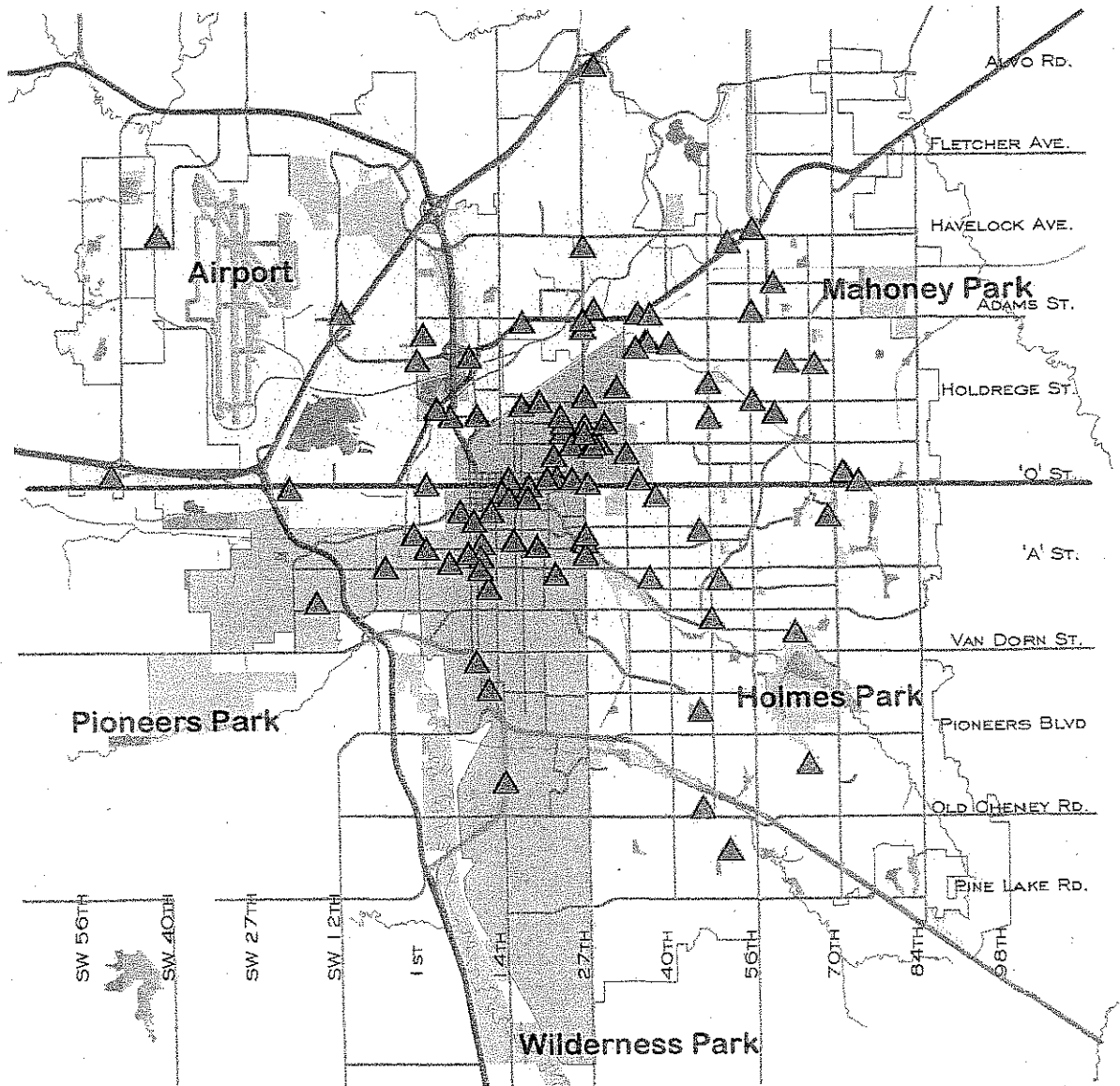
- Several recent homicides have been intertwined with methamphetamine.
- Armed robberies are increasingly linked with homicides.

Property Crime

- The rapid increase in thefts from automobiles is linked with meth.
- There were 4546 auto break-ins in 2001 in Lincoln, with a dollar loss over \$2,000,000. This was a 10% increase over 2000.
- Forgeries and frauds are strongly linked with meth.
- Forgeries was up 33% last year, fraud up 21%.

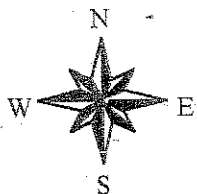
Methamphetamine Labs

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- This compares with 31 labs in the entire state during 2000.
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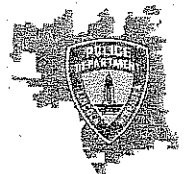


METHAMPHETAMINE CASES IN LINCOLN

January 1, 2001 to January 24, 2002



1 0 1 Miles



ACUDAT:

Map prepared by Tom Casady

[Meth Links](#)

[Meth Chat Room](#)

[Message Board](#)

[Letters From Users](#)

[Meth FAQ](#)

[Slang Names](#)

[Meth Labs](#)

[Cleaning Up Labs](#)

[Meth Facts](#)

[Living near Labs](#)

[Physical Damage](#)

**Meth is a
cheap
HIGH**



Koch Crime
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Methamphetamine Frequently Asked Questions

Q: What is Methamphetamine?

A: Methamphetamine is a powerful central nervous system stimulant.

The drug works directly on the brain and spinal cord by interfering with normal neurotransmission. Neurotransmitters are chemical substances naturally produced within nerve cells used to communicate with each other and send messages to influence and regulate our thinking and all other systems throughout the body.

The main neurotransmitter affected by methamphetamine is dopamine. Dopamine is involved with our natural reward system. For example, feeling good about a job well done, getting pleasure from our family or social interactions, feeling content and that our lives are meaningful and count for something, all rely on dopamine transmission.¹

A synthetic drug, methamphetamine has a high potential for abuse and dependence. It is illegally produced and sold in pill form, capsules, powder and chunks. Methamphetamine was developed early in this century from its parent drug amphetamine and was originally used in nasal decongestants, bronchial inhalers, and in the treatment of narcolepsy and obesity. In the 1970s methamphetamine became a Schedule II drug - a drug with little medical use and a high potential for abuse.

Q: What are the street names for methamphetamine?

A: The drug is referred to by many names including "meth," "speed .. crank," "chalk," "go-fast," "zip," and "cristy." Pure methamphetamine hydrochloride, the smokeable form of the drug, is called "L.A." or - because of its clear, chunky crystals which resemble frozen water - "ice," "crystal," "64glass," or "quartz." Since the 1980s, ice has been smuggled from Taiwan and South Korea into Hawaii, where use became widespread by 1988. By 1990, distribution of ice had spread to the U.S. mainland.

View the latest [slang names](#) sent in by readers!

Q. Where is meth manufactured and distributed?

A. Methamphetamine is both domestically produced and imported into the U.S. in already processed form. Once dominated by motorcycle gangs and other local producers in remote areas of California and the Pacific Northwest, the market now includes both local producers and Mexican sources providing finished product to stateside distributors.

Q. Why is meth use so prevalent in the Midwest?

A: The region's methamphetamine epidemic stems from two problems:

- steadily increasing importation of methamphetamine into the region by organized trafficking groups; and
- clandestine manufacturing of methamphetamine by hundreds of users/dealers in small "mom and pop" labs.

Seizures of clandestine labs in the Midwest have increased from 44 in 1995 to more than 500 in 1997. In fact, the state of Missouri led the nation in 1997 in the number of meth labs seized.

Twenty Mexican methamphetamine trafficking organizations have been identified by DEA as being involved in the Midwest, which is connected via major interstate highways, rail and air to the West and Southwest border areas that serve as importation, manufacturing and staffing areas for the Mexican operations.

Q. How is meth made?

A. The processing required to make methamphetamine from precursor substances is easier and more accessible than ever. There are literally thousands of recipes and information about making meth on the Internet. An investment of a few hundred dollars in over-the-counter medications and chemicals can produce thousands of dollars worth of methamphetamine. The drug can be made in a makeshift "lab" that can fit into a suit case. The average meth "cook" annually teaches ten other people how to make the drug.

Q. Where are these labs found?

A. Clandestine labs known as "mom and pop" labs are found in rural, city and suburban residences; barns, garages and other outbuildings; back rooms of businesses; apartments; hotel and motel rooms; storage facilities; vacant buildings; and vehicles.

Q. What ingredients are used to make meth?

A. Over-the-counter cold and asthma medications containing ephedrine or pseudoephedrine, red phosphorous, hydrochloric acid, drain cleaner, battery acid, lye, lantern fuel, and antifreeze are among the ingredients most commonly used. For more information [click here](#).

Q. What are precursor substances?

A: Precursors are substances that, in nature, might be inactive. However, when combined with another chemical the result is a new product. Methamphetamine starts with an inactive or marginally-inactive compound (ephedrine or pseudoephedrine) and other chemicals are added to produce the drug.

Q. How much does meth cost on the street?

A. The cost varies according to several factors, including purity of the drug, the region in which it is sold, the source of the drug (local product vs. imported) and availability of the drug. The approximate prices are:

\$25 per 1/4 gram
\$ 100 per gram
\$1700 per ounce

Experts estimate that one ounce of meth equals about 110 meth "hits."

| | |
|---|---|
| Oct. 9, 1999 Provided by a reader in New York: | March 28, 2000 Provided by a reader in the Bay Area of California: |
| 1/4 gram - \$60 1/2 gram - \$120 1 gram - \$240 | 1/4 gram - \$20 1 gram - \$80 |

Q. Who is using methamphetamine?

A. There are two basic profiles of users reported by law enforcement and treatment providers:

- students, both high school and college age; and
- white, blue-collar workers and unemployed persons in their 20s and 30s.
- Read selected stories, poems and comments about meth from users and those affected by users.

Use is widely prevalent in both urban and rural areas and equally divided among males and females. Women are more likely to use methamphetamine than cocaine. Some areas are seeing an increase in the number of Hispanic and Native American meth users, though whites are still the most dominant users of the drug.

On a recent survey done on this site (March 25 - April 17, 2000), of the 544 respondents:

| | |
|--------------------|-----|
| Under 18 years old | 24% |
| 18-23 years old | 35% |
| 23-30 years old | 19% |

| | |
|-------------------|-----|
| 30-40 years old | 13% |
| Over 40 years old | 6% |

Q. Are teenagers using the drug?

A. The drug is becoming more popular among persons 18 years and younger, as studies show teenagers perceive methamphetamine as safer, longer lasting and easier to buy than cocaine. The "Monitoring the Future" survey, which measures the extent of drug use among U.S. adolescents, found methamphetamine use among high school seniors more than doubled between 1990 and 1996. In addition, law enforcement officials have caught teens as young as 14- and 15-year-olds using and selling the drug.

Q. Why should I talk to my child about meth?

A. Teens whose parents talk to them about drugs are half as likely to use drugs as those whose parents do not speak to them on this topic.

Q: Why do people start using methamphetamine?

A: Athletes and students sometimes begin using meth because of the initial heightened physical and mental performance the drug produces. Blue collar and service workers may use the drug to work extra shifts, while young women often begin using meth to lose weight. Others use meth recreationally to stay energized at "rave" parties or other social activities. In addition, meth is less expensive and more accessible than cocaine and users often have the misconception that methamphetamine is not really a drug.

Q: Is meth used in combination with other drugs?

A: Methamphetamine users are likely also to be users of alcohol, marijuana and cocaine rather than users of drugs like heroin.

Q. Are there any legitimate uses for methamphetamine?

A: In some cases, doctors prescribe low doses of methamphetamine for narcolepsy and attention deficit disorder.

Q: How is methamphetamine administered?

A: It can be smoked, taken intranasally (snorted), injected intravenously or ingested orally. The practice of "eating" meth by putting it on paper or food and chewing it also has been reported.

Q: What happens immediately after a person takes methamphetamine?

A: The drug alters mood in different ways, depending on how it is taken. Immediately after smoking or intravenous injection, the user experiences an intense "rush" or "flash" that lasts only a few minutes and is described as extremely pleasurable. Smoking or injecting produces effects fastest, within five to ten seconds.

Snorting or ingesting orally produces euphoria - a high but not an intense rush. Snorting produces effects within three to five minutes, and ingesting orally produces effects within 15 to 20 minutes.

Q: How does the drug effect users overall?

A: In all forms, the drug stimulates the central nervous system, with effects lasting anywhere from four to 24 hours. Methamphetamine use can not only modify behavior in an acute state, but after taking it for a long time, the drug literally changes the brain in fundamental and long-lasting ways. It kills by causing heart failure (myocardial infarction), brain damage, and stroke and it induces extreme, acute psychiatric and psychological symptoms that may lead to suicide or murder.

Q: What are the short-term effects?

A: Central Nervous System Side Effects

Even small amounts of methamphetamine can produce euphoria, increased alertness, paranoia, decreased appetite and increased physical activity. Other central nervous system effects include athetosis (writhing jerky, or flailing movements), irritability, extreme nervousness, insomnia, confusion, tremors, anxiety, aggression, incessant talking, hyperthermia, and convulsions. Hyperthermia (extreme rise in body temperature as high as 108 degrees) and convulsions sometimes can result in death.

Cardiovascular Side Effects

Use can produce chest pain and hypertension which can result in cardiovascular collapse and death. In addition, methamphetamine causes accelerated heartbeat, elevated blood pressure and can cause irreversible damage to blood vessels in the brain.

Other Physical Effects

Pupil dilation, respiratory disorders, dizziness, tooth grinding, impaired speech, dry or itchy skin, loss of appetite, acne, sores, numbness, and sweating.

Psychological Effects

Symptoms of prolonged meth abuse can resemble those of schizophrenia and are characterized by anger, panic, paranoia, auditory and visual hallucinations, repetitive behavior patterns, and formication (delusions of parasites or insects on the skin). Methamphetamine-induced paranoia can result in homicidal or suicidal thoughts.

Q: What other long-term effects can result?

A: Fatal kidney and lung disorders, brain damage, liver damage, blood clots, chronic depression, hallucinations, violent and aggressive behavior, malnutrition, disturbed personality development, deficient immune system, and methamphetamine

psychosis, a mental disorder that may be paranoid psychosis or may mimic schizophrenia.

Q: How much of the drug can cause an overdose?

A: A toxic reaction (or overdose) can occur at relatively low levels, 50 milligrams of pure drug for a non-tolerant user. Metabolic rates vary from person to person, and the strength of the illegal form of the drug varies from batch to batch, so there is no way of stating a "safe" level of use. In overdose, high fever, convulsions and cardiovascular collapse may precede death. Because stimulants effect the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of meth use.

Q: What effect does methamphetamine use have on pregnancy?

A: Babies can be born methamphetamine addicted and suffer birth defects, low birth weight, tremors, excessive crying, attention deficit disorder, and behavior disorders. There is also an increased risk of child abuse (including "shaken baby syndrome") and neglect of children born to parents who use methamphetamine.

Q: What are some signs that a person may be using the drug?

A: The person may exhibit anxiousness; nervousness; incessant talking; extreme moodiness and irritability; purposeless, repetitious behavior, such as picking at skin or pulling out hair; sleep disturbances; false sense of confidence and power; aggressive or violent behavior; disinterest in previously enjoyed activities; and severe depression.

Q: If methamphetamine is so dangerous, why can physicians prescribe the drug to patients?

A: The key is the dosage. Methamphetamine abusers use much higher dosages of the drug than a physician would routinely prescribe when treating a patient.

Q: Why is methamphetamine addictive?

A: All addictive drugs have two things in common: they produce an initial pleasurable effect, followed by a rebound unpleasant effect. Methamphetamine, through its stimulant effects, produces a positive feeling, but later leaves a person feeling depressed. This is because it suppresses the normal production of dopamine, creating a chemical imbalance. The user physically demands more of the drug to return to normal. This pleasure/tension cycle leads to loss of control over the drug and addiction.

Q: How does methamphetamine take over one's life?

A: Methamphetamine short-circuits a person's survival system by artificially stimulating the reward center, or pleasure areas in the brain. This leads to increased confidence in meth and less confidence in the normal rewards of life. This happens on a physical level at first, then it affects the user psychologically. The result is decreased interest in other aspects of life while reliance and interest

in meth increases. In one study, laboratory animals pressed levers to release methamphetamine into their blood stream rather than eat, mate, or satisfy other natural drives. The animals died of starvation while giving themselves methamphetamine even though food was available.

Q: Is there methamphetamine withdrawal?

A: Yes. The severity and length of symptoms vary with the amount of damage done to the normal reward system through methamphetamine use. The most common symptoms are: drug craving, extreme irritability, loss of energy, depression, fearfulness, excessive drowsiness or difficulty in sleeping, shaking, nausea, palpitations, sweating, hyperventilation, and increased appetite.

Q: Is methamphetamine addiction difficult to treat?

A: Several treatment providers describe methamphetamine abusers as "the hardest to treat" of all drug users. They are often overly excitable and "extremely resistant to any form of intervention once the acute effects of meth use have gone away." Meth addicts get over the acute effects of withdrawal fairly quickly. However, the "wall" period lasts **6-8 months for casual users and 2-3 years for regular users.** (Some people never recover and remain unsatisfied with life due to permanent brain damage.) This is a period of prolonged abstinence during which the brain recovers from the changes resulting from meth use. During this period, recovering addicts feel depressed, fuzzyheaded, and think life isn't as pleasurable without the drug. Because prolonged use causes changes in the brain, willpower alone will not cure meth addicts.

Q: Is relapse common?

A: Yes. Because there are psychiatric, social, and biological components to meth dependence, there is a high likelihood of relapse. Key relapse issues are similar to that of cocaine use and include other substance abuse and being around drug-using friends.

Q: What prompts methamphetamine users to enter treatment?

A: Methamphetamine causes a variety of mental, physical, and social problems which may prompt entry into treatment. Though not as expensive as heroin and cocaine, its cost might also produce financial problems for users and prompt them to seek help. However, the most commonly reported reason why methamphetamine users enter treatment is trouble with the law. These legal problems include aggressive or bizarre behaviors which prompt others to call police. Other reasons for entry include mental or emotional problems and problems at work or at school.

Q: How does the cost of treating meth users compare to incarceration?

A: Treatment is a highly cost-effective alternative; it is about one-tenth of the cost to treat a person rather than putting him or her in jail.

Q: What other problems does methamphetamine pose to society?

A: Automobile accidents; explosions and fires triggered by the illegal manufacture of methamphetamine; environmental contamination; increased criminal activity, including domestic violence; emergency room and other medical costs; spread of infectious disease, including HIV, AIDS and hepatitis; and lost worker productivity. Economic costs also fall on governments, which must allocate additional resources for social services and law enforcement. See also, Methamphetamine: What are the real costs to society?

Q: How is the production of meth more dangerous than other drugs?

A: Meth trafficking and production are different than other drugs because they are dangerous from start to finish. The reckless practices of the untrained people who manufacture it in clandestine labs result in explosions and fires that injure or kill not only the people and families involved, but also law enforcement or fireman who respond. Any number of solvents, precursors and hazardous agents are found in unmarked containers at these sites. These potent chemicals can enter the central nervous system and cause neural damage, effect the liver and kidneys, and burn or irritate the skin, eyes and nose. Environmental damage is another consequence of these reckless actions, and violence is often a part of the process as well.

Q. What are the most serious environmental consequences of meth labs?

A: Each pound of meth produced leaves behind five or six pounds of toxic waste. Meth cooks often pour leftover chemicals and byproduct sludge down drains in nearby plumbing, storm drains, or directly onto the ground. Chlorinated solvents and other toxic byproducts used to make meth pose long-term hazards because they can persist in soil and groundwater for years. Clean-up costs are exorbitant because solvent contaminated soil usually must be incinerated.

Q: What is the cost of a cleaning up a clandestine meth lab site?

A: Cleanups of labs are extremely resource-intensive and beyond the financial capabilities of most jurisdictions. The average cost of a cleanup is about \$5,000 but some cost as much as \$150,000.

Guidelines for Cleaning up former Methamphetamine Labs.

Q: What are the federal penalties for methamphetamine trafficking?

A: The basic, mandatory minimum sentences under federal law are:

- 10 grams (pure) = 5 years in prison
- 100 grams (pure) = 10 years in prison.

Q: What is the Comprehensive Methamphetamine Control Act of 1996?

A: This federal legislation takes significant steps toward preventing meth from becoming the next crisis in drug abuse. The bill:



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Parts of this document were provided by the Midwest HIDTA.

'Methamphetamine: What is it and why is it dangerous? Cornerstone Behavioral
Health < <http://www.cornerstonebh.com/meth1.htm> >

Warning signs of living near a meth lab

A: Unusual, strong odors similar to the that of fingernail polish
remover or cat urine; renters who pay cash; large amounts of
products such as cold medicines, antifreeze, drain cleaner, lantern
fuel, coffee filters, batteries, duct tape, clear glass beakers and
containers; and residences with windows blacked out and lots of
nighttime traffic.

Q: What do I look for if I suspect a meth lab in my neighborhood?

A: High Intensity Drug Trafficking Areas (HIDTAs) are areas
identified by the Office of National Drug Control Policy (ONDCP) as
having the most critical drug trafficking problems adversely
impacting the U.S. The Midwest HIDTA, which includes Iowa,
Kansas, Missouri, Nebraska and South Dakota, was created
specifically to fight the spread of meth in the Midwest. It promotes a
comprehensive, cooperative strategy by law enforcement at the
federal, state and local levels to reduce drug trafficking.

Q: What is Midwest HIDTA?

- Permits the domestic seizure and forfeiture of
methamphetamine precursor chemicals.
- Directs the Attorney General to coordinate international drug
enforcement efforts to interdict such chemicals.
- Increases penalties for the possession of equipment used to
make controlled substances, and for trafficking in certain
precursor chemicals.
- Requires an interagency task force to develop and implement
prevention, education and meth treatment strategies.



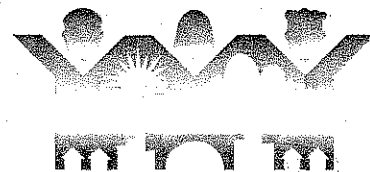
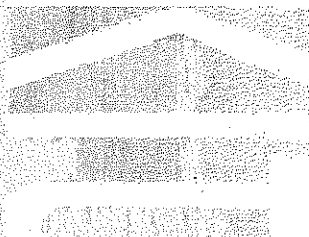
National League of Cities

Expanding Afterschool Opportunities

Issue #4

Journal

for Municipal Leaders



Institute for Youth, Education, and Families

21st Century Community Learning Centers

Program Components

Community Learning Center Overview

Community Learning Centers are partnerships, which provide opportunities and support services that lead to improved student learning and development, strong families and healthier neighborhoods. Community Learning Centers (CLCs) represent a major structural shift based on our community and society's needs. CLCs are about the process of people and programs working together to create a culture of learning that serves our entire community. Currently CLCs in Lincoln are funded through support from the Lincoln Public Schools Foundation, 21st Century Community Learning Centers (Cohort 6) U.S. Department of Education grant and matching resources from community based organizations. This three-year grant targets 13 schools to develop and implement safe, drug free, supervised and cost effective before and after school, weekend, and summer enrichment opportunities for children, youth and their families.

- Vision -

In partnership with many, the Community Learning Centers will provide and sustain "safe havens," where students, parents and community members can access expanded learning and enrichment opportunities during the out-of-school hours.

- Goals -

1. Strengthen student learning and development
2. Strengthen and support families
3. Strengthen neighborhoods

- Objectives -

- To increase academic achievement of students especially in math and literacy.
- To provide students access to positive, enriching activities during out-of-school hours, helping them avoid substance abuse and violence while building personal, social and leadership skills.
- To serve as a resource for parents and other community members to improve literacy skills, parenting skills, computer knowledge and family well-being.
- To provide academic, social and family support to students transitioning from elementary to middle school, from middle to high school and beyond.
- To increase capacity of schools, staff, parents, students and community partners to plan, implement and sustain community learning centers.

Community Learning Center Sites

Lefler Quadrant

Hawthorne Elementary
Holmes Elementary
Elliott Elementary
Lefler Middle School

Northeast Quadrant

Pershing Elementary
Clinton Elementary
Huntington Elementary
Hartley Elementary
Riley Elementary
Mickle Middle School

West Lincoln Quadrant

West Lincoln Elementary
Goodrich Middle School

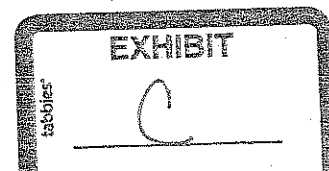
Saratoga Quadrant

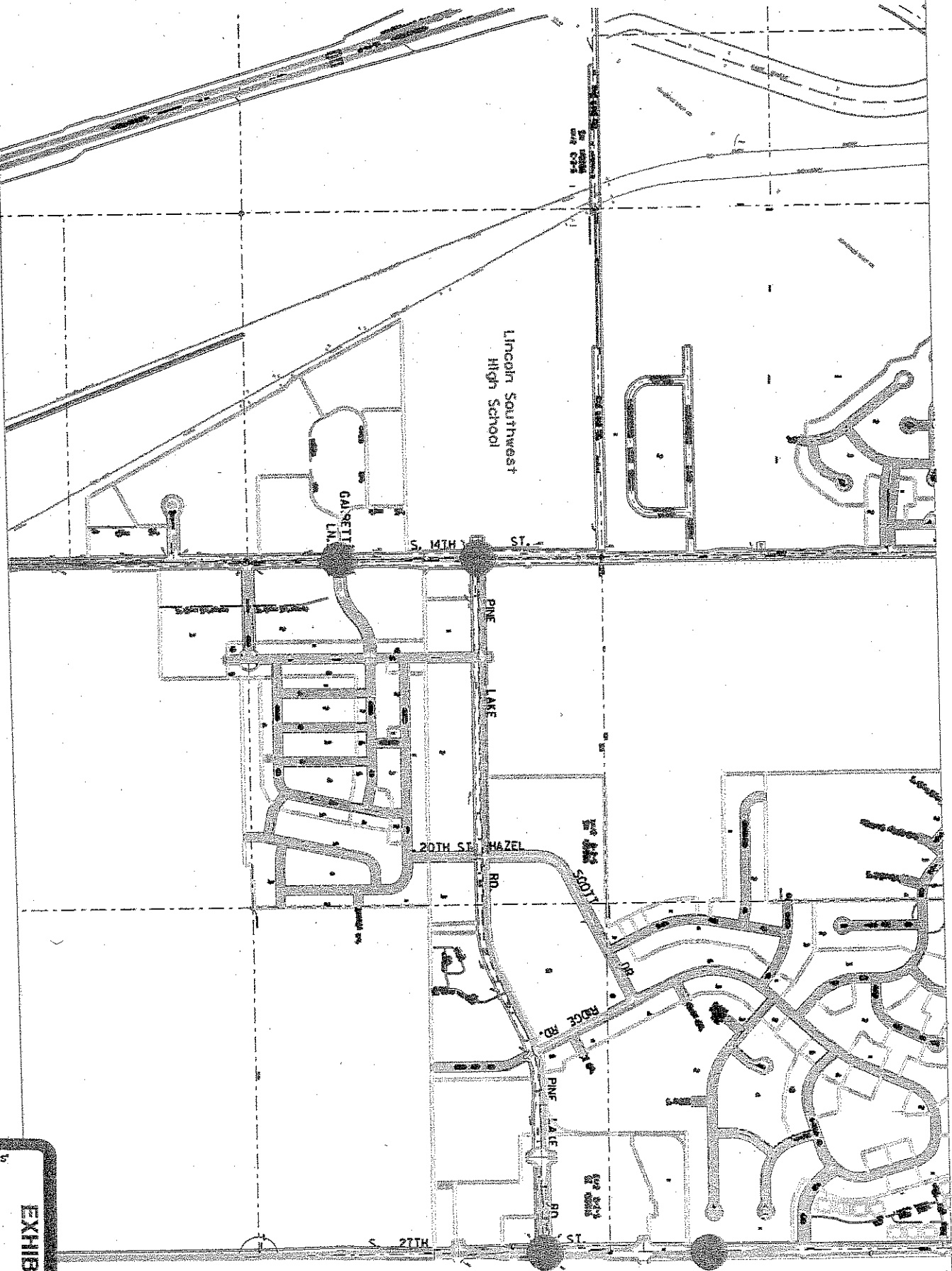
Saratoga Elementary

Service Programs

The Lincoln Community Learning Centers initiative will work with community partners to provide the following programs:

- Literacy and math education programs
- Afterschool, summer and weekend programs
- Integrated education, health, social service, recreation and cultural programs
- Technology education for all ages
- Parenting skills education programs





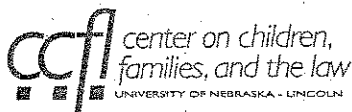
tabbles[®]

EXHIBIT

D

The map shows the following streets and features:

- Enterprise Dr.**: A major road running horizontally across the top of the map.
- 26th St.**: A street intersecting Enterprise Dr. on the left side.
- Folkways Blvd.**: A road running vertically through the center of the map.
- No. Hill Rd. (Pvt. Rdwy.)**: A road branching off Folkways Blvd. to the left.
- OP RD. RDWY.**: A road branching off Folkways Blvd. to the left, below No. Hill Rd.
- Enterprise Dr.**: A road branching off Folkways Blvd. to the right.
- 33rd St.**: A street intersecting Enterprise Dr. on the right side.
- N. 33rd Cir.**: A circular road at the bottom right of the map.
- Salt Creek Rd.**: A road running horizontally across the bottom of the map.
- Salt Creek Cir.**: A circular road intersecting Salt Creek Rd. and N. 33rd Cir.
- Folkways Cir.**: A circular road at the bottom left of the map.
- North Star High School**: A large, open area in the center of the map.



Community Services Implementation Project (C-SIP)

Charting Our Future II

Friday, February 22, 2001

8:00 am – 12:00 pm

County Extension Office – 444 Cherrycreek Road, Lincoln

Facilitated by Kathy Campbell, Lancaster County Commissioner

- Report back to the community on the status of C-SIP
- An opportunity for participants to engage in discussion about Action Plans developed by Community Coalitions
- Hear from the funders of C-SIP
- Hear how C-SIP will be incorporated into the future of Lincoln and Lancaster County human services

The University of Nebraska Public Policy Center (PPC) and the UNL Center on Children, Families, and the Law (CCFL), in partnership with the Lincoln/Lancaster County Joint Budget Committee (JBC) the United Way of Lincoln/Lancaster County, and such local foundations as the Woods Charitable Fund and the Lincoln Community Foundation, are serving as project facilitators for the implementation of the Lincoln/Lancaster County Human Services Three-Year Comprehensive Plan (Plan). This University-Community partnership is called the Community Services Implementation Project (C-SIP).

C-SIP focuses on seven priority areas: 1) Basic and Emergency Needs 2) Behavioral Health Care 3) Early Childhood & Youth Development 4) Family Violence 5) Housing 6) Medical Health Care and 7) Transportation. Community Coalitions for each priority have been in the process of examining and addressing issues important to implementing the Plan.

The community will aid in determining the direction C-SIP takes in the future. Each coalition has been determining their vision and direction, using benchmarks identified in the Plan as a starting point. The work of each coalition also takes into consideration and addresses the following three *overarching themes*: 1) case management, 2) fairness and equity, and 3) primary prevention.

Registration:

Please register by Monday, February 18, 2002. Register via e-mail, phone, fax or postal mail.

Note: Space limited. Space reserved on a first-come, first-served basis.

Feel free to post this meeting announcement on your agency's bulletin board. All are welcome to attend!

Email: csip@unl.edu

Phone: 402-472-CSIP (2747)

Fax: 402-472-5679

Mail: Public Policy Center, University of Nebraska, 121 South 13th St., Suite 303, Lincoln, NE 68588-0228

C-SIP Charting Our Future II

Name _____
Title _____
Organization/Agency _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
E-mail address _____

I would like to receive conference materials prior to the meeting ____ Yes* ____ No

*In order to receive conference materials prior to the meeting, this registration needs to be submitted no later than Friday, February 8, 2002